

A. Signature ☒ Agent  
☒ Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery  
 7-16-00

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

### Domestic Return Receipt

102595-02-M-1540

Domestic Return Receipt **SSB** 01-21



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OFFICE OF THE CLERK  
U. S. DISTRICT COURT  
324 U. S. Courthouse  
5th & Walnut Streets  
Cincinnati, Ohio 45202